

# LEADERSHIP & PROFESSIONAL DEVELOPMENT

Terry A. Throckmorton, RN, PhD  
Associate Editor

## A Day in the Life of a Manager: Incorporating Leadership, Mentoring, and Role Modeling

Sharon McLane, RN, MBA

The demands on the manager of a nursing unit or department are multiple, complex, and growing. One of the difficult challenges of managers is to ensure that leadership, mentoring, and role modeling are included in our practices (Counsell, Gilbert, & McCain, 2001; Sullivan, Bretschneider, & McCausland, 2003). Daily operations, the crisis du jour, and the unique demands of special projects often drain away time that well-intentioned managers would like to commit to the development of their staffs. Although some managers may believe that they just do not have enough time for leadership, mentoring, and role modeling while still managing the other responsibilities and expectations of our roles, one way we can weave these crucial traits and roles into our busy schedules is to intertwine them in our planning and project development, thereby embedding them as a part of our daily activities. If we wait until we have time, we will share only a portion of what we have to offer our staff and we may not enjoy the excitement of watching our staff grow and become. Also important are reflecting and recognizing when we have unconsciously embedded leadership, mentoring, or role modeling in day-to-day practice in the past and learning from those experiences. Understanding and recognizing when this has occurred can be very helpful in enabling us to become more intentional as we proceed with day-to-day functions. Using one of my institution's major projects as an example, I would like to offer some suggestions on how we can look at these principles a little differently and instill them into our daily routines.

Almost four years ago, our organization embarked on the journey of designing our electronic medical record (EMR). As we initiated the process of planning and determining how we would design nursing documentation in the EMR, we also took the first steps on the road of mentoring staff, role modeling,

and building staff development into the complex and long-term project. Those key management functions were woven into

- Creation of our vision
- Identification of staff perceptions and incorporation of this information into the plan design
- Development of a plan to ensure that staff members had a central role in the design of their documentation
- Embedding of research into our plan
- Incorporation of system evaluation
- Publication.

The purpose of this article is to briefly describe each of these activities and how they incorporated leadership, mentoring, and role modeling.

### Baseline Assessment

Before the EMR project began, we asked a pilot group of staff members to share their attitudes and opinions related to the use of computers and EMRs in health care. The information shared via the anonymous survey guided the design of the nursing documentation project plan. At the same time, the survey supported and demonstrated to staff members that nursing leadership valued their perceptions and participation. It modeled the values of commitment and inclusion of staff members and their input into the design of the project plan. The gathered data were shared with the Core Team and often guided system development.

### Vision

The journey began with creation of a vision that would set the stage for what was to come. This vision—to design efficient and effective nursing documentation that supports care of the individual patient and also supports nursing research, quality improvement, and enhanced professional practice—was communicated early and often, continued to evolve, and truly became a guiding principle

as the work unfolded. As we repeatedly returned to our vision to refocus our direction, staff members were able to see that a thoughtful articulation of what the future would look like could serve as a core guiding principle as the project moved forward.

### Assembly of the Core Team

A cornerstone of the project was creation of a multidisciplinary group of nursing staff from various subspecialties and individuals with various job titles. This Core Team would play the principle role in crafting nursing documentation in the EMR. Throughout the design work with the Core Team, leadership, mentoring, and role modeling were integrally entwined. For example, many staff members approached the design process with the assumption that the Core Team's primary focus would be translating paper forms into an electronic format. Division of Nursing leadership assisted staff members in exploring and recognizing that the EMR development process was an opportunity to step back and examine what we had been doing and why. In many cases, the staff discovered that practices were the result of work-arounds created in response to broken systems, information was gathered because of tradition and provided no value-added meaning to care delivery or care planning, recorded information was duplicated in multiple places, or the data collected did not reflect evolving nursing care standards or evidence-based practice. The process of evaluating current documentation practices created new insights and understandings, and we often were able to

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*Sharon McLane, RN, MBA, is director of nursing informatics at the University of Texas M.D. Anderson Cancer Center in Houston.*

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